

MBQIP Monthly

Federal Office of Rural Health Policy
Medicare Beneficiary Quality Improvement Project
February 2014

MBQIP – What's Next?

Reporting → Improvement

Phases 1 and 2 of MBQIP are in full-swing, and we would like to emphasize the importance of a transition moving away from a focus solely on participating and reporting into one on implementing appropriate quality interventions to drive measure improvement. ORHP will be working with the Flex Monitoring Team (FMT) and other important partners on meaningful analysis of MBQIP data – moving beyond participation and reporting rates. In order to make this analysis meaningful, we need CAHs to be implementing quality improvement (QI) interventions based on their data which should help to show them the areas in most need for improvement. To determine appropriate QI interventions to incorporate into your Flex grant activities, you are encouraged to: 1) engage the key quality partners in your state; 2) reach out to fellow Flex Coordinators to see what they are doing in their state; and 3) utilize the existing FMT resources on QI strategies for acute myocardial infarction (AMI), pneumonia, heart failure, and surgical infection prevention that could be implemented in CAHs

(<http://www.flexmonitoring.org/projects/evidence-based-programs-and-strategies-for-improving-the-quality-of-care-for-critical-access-hospital-patients/>). Please let your ORHP project officer know as your CAHs begin to implement QI activities so that we can move forward with data analysis!

The Future of MBQIP

ORHP recognizes that CAHs are being asked to do a lot, even with their limited resources, by a variety of different entities. As we plan for the future of MBQIP, please be assured that we will work closely with CMS and other quality reporting organizations to ensure alignment among quality reporting requirements and therefore help to reduce some of the burden currently faced by CAHs. We would like to express our appreciation for the participation in and enthusiasm for MBQIP that we have seen thus far, and we look forward to continuing to work with each and every one of you as MBQIP continues to evolve and become a stronger program.

Upcoming MBQIP Refresher Webinar

ORHP is currently planning to hold an MBQIP Refresher webinar for Flex Coordinators that will recap the importance and purpose of MBQIP, highlight achievements and successes thus far, and discuss plans for moving forward. Please let your ORHP project officer know what questions you still have about MBQIP in regards to these topics so that we can ensure to address these questions on the webinar. Submit your questions no later than Friday March 14, 2014. We will send out an announcement with more specific details about the event when the date and time is set (tentatively being planned for the week of March 17).

Please contact the Flex Coordinator in your State if you have any questions about MBQIP. You can find contact information for your Flex Coordinator on the Technical Assistance and Services Center (TASC) website: <http://www.ruralcenter.org/tasc/flexprofile/2011>. Also, please contact your Flex Coordinator and Kate Stenehjelm (kstenehjem@ruralcenter.org) if you would like to be added to the MBQIP email distribution list.

Phase 3 Data Submission

March 7, 2014, has been set as the reporting deadline for CAHs to submit the first quarter of Phase 3 data to Flex Coordinators in their state (for data collection period 4Q13, October 1 – December 31, 2013). Flex Coordinators will then submit the data to ORHP using HRSA's Performance Improvement Management System (PIMS) by the established Flex grant program PIMS deadline. CAHs should work with their Flex Coordinator if a submission extension beyond March 7 is needed.

For the Pharmacist Measure, CAHs should submit their total numerator and denominator for the quarter to their Flex Coordinator using the agreed upon submission process within the state (excel file, sample tracking tool, email, etc).

For the ED Transfer Communication Measure, CAHs should utilize the Specification Manual (attached to this MBQIP Monthly email; a summary of the included data elements and eligible responses are at the end of this document) to submit all data elements to their Flex Coordinator for each eligible patient. In the manual, there is also a 5-page documentation sheet that can be used to collect data elements. If you choose to use this form, **DO NOT** submit the patient name or medical record number to your Flex Coordinator or ORHP. A spreadsheet to ease submission of this measure is under development for future reporting quarters.

Reminder: Phase 3 Pharmacist Measure Webinar – FAQ and Flow Chart

ORHP has developed two additional resources as a result of the recently held webinar on the Pharmacist Order Entry / Verification of Medication Orders Within 24 Hours measure. The first resource is a Frequently Asked Questions document that provides our answers to the questions that were asked during and after the call. The second is a flow chart that shows the progression of the measure data originating from the CAH all the way through MBQIP report development and distribution. These resources can be found on the TASC website at: <http://www.ruralcenter.org/tasc/resources/medicare-beneficiary-quality-improvement-project-mbqip>

If you were unable to participate in the webinar on December 17, the playback is still available for one more month:

Phone number for replay: 1-800-753-0360

This recording will be available until March 17, 2014, 11:59PM (CT)

2Q2013 HCAHPS Released

The most recent quarter of inpatient and outpatient reports were sent to Flex Coordinators in December for distribution to their CAHs. The HCAHPS reports are currently in the process of being distributed. Reports for 3Q2013 will be in production shortly.

Rural Care Coordination Toolkit Released

The [Rural Assistance Center](#) (RAC) and [NORC Walsh Center for Rural Health Analysis](#) are announcing a new [Rural Care Coordination Toolkit](#) to help rural communities and organizations identify and implement a care coordination program. This toolkit contains resources to help communities develop programs that can improve quality and continuity of care, as well as patient outcomes, building on best practices of successful care coordination program models. The [toolkit is available for free](#) on the RAC website.

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MBQIP by the Numbers*

1240 MOUs (93% of the 1333 CAHs nationwide)

25 states have 100% of CAHs participating

✓ AL, AR, FL, HI, IA, IL, IN, KY, MA, ME, MI, MN, NC, ND, NE, NH, NM, NV, PA, SC, VT, UT, WA, WI, WV

15 additional states have 75% or more of their CAHs participating

6 states are only one CAH away from 100% participation!

Region	CAHs in region	CAHs participating in MBQIP	% MBQIP participation	# States in Region at 100% MBQIP Participation
A	66	64	97%	5 of 6
B	235	196	83%	7 of 12
C	560	550	98%	7 of 10
D	190	160	84%	3 of 7
E	282	270	96%	3 of 10
Total	1333	1240	93%	25 of 45

**Current as of 2/10/2014*

Appendix B: List of Data Elements

Emergency Department Transfer Communication Measures Required Data Elements

Data Element	Acceptable Values/Format
CMS Certified Number (CCN)	6 digit numeric
State	Two character postal code (MN)
Patient Discharge Status Code*	Two digit code: 03, 4a, 4b, 4c, 4d, 05
Date of Patient Encounter	Mm/dd/yyyy
Nurse to Nurse Communication	Y/N
Physician to Physician Communication	Y/N/NA
Patient Name	Y/N/NA
Patient Address	Y/N/NA
Patient Age	Y/N/NA
Patient Gender	Y/N/NA
Patient Contact Information	Y/N/NA
Patient Insurance Information	Y/N/NA
Pulse	Y/N
Respiratory Rate	Y/N
Blood Pressure	Y/N/NA
Oxygen Saturation	Y/N
Temperature	Y/N/NA
Neurological Assessment	Y/N/NA
Medications Administered in ED	Y/N
Allergies/Reactions	Y/N
Home Medication	Y/N
History and Physical	Y/N
Reason for Transfer Plan of Care	Y/N
Nursing Notes	Y/N
Impairments	Y/N
Catheters	Y/N/NA
Immobilizations	Y/N/NA
Respiratory Support	Y/N/NA
Oral Restrictions	Y/N/NA
Tests/Procedures Performed	Y/N/NA
Tests/Procedure Results	Y/N/NA

*Reference: www.qualitynet.org – Outpatient Reporting, Measure Resources, Discharge Code to Discharge Status Crosswalk.

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